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10/18/2005

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01/12/2006 MBEYENE2 00000069 10617401

01 FC:1501 02 FC:1504

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(Depositor's name)

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/617 401	07/11/2003	James M. Grace	EVE002-098	3301

TITLE OF INVENTION: LOCALIZED REINFORCEMENT SYSTEM FOR REFRIGERATOR CABINET

APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400)	\$300	\$1700	01/18/2006	
		ART UNIT		CLASS-SUBCLASS	1		
		3637	7 312-406000		_		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). **Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. **The Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the na or agents (2) the na registered 2 registered	nting on the patent front page, times of up to 3 registered pate OR, alternatively, me of a single firm (having as attorney or agent) and the nated patent attorneys or agents. I name will be printed.	a member a 2 mes of up to	riks & White	law PLC
3. ASSIGNEE NAME ANI	RESIDENCE DATA TO B	E PRINTED ON T	HE PATEN	Γ (print or type)		· · · · · · · · · · · · · · · · · · ·	
PLEASE NOTE: Unless recordation as set forth i	LEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for cordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
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(A) NAME OF ASSIGNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
Maytag Corporation	Newton, IA 50208			
Please check the appropriate assignee category or categories (will not be	printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🗀 Government			
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Authorized Signature Just Muled	Date 1/11/06			
Typed or printed name Everett G. Dieder	iks, Jr. Registration No. 33,323			

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